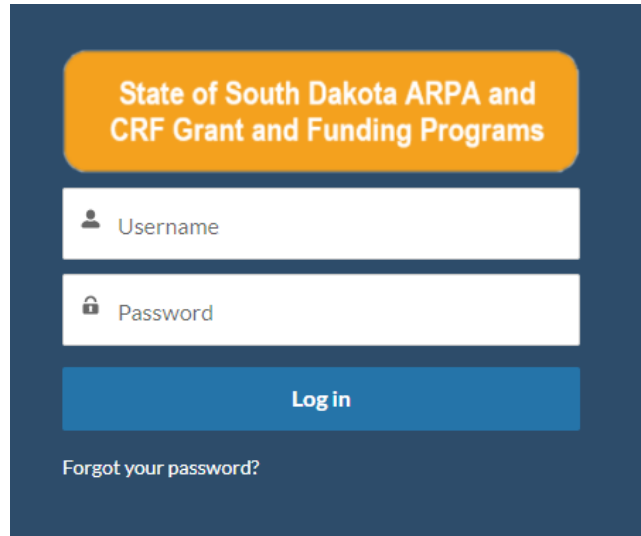# One-Time Funding for Home and Community-Based Services (HCBS) Providers (10% FMAP)

Overview of the Waiver and Reporting Processes

April 2022

Login to South Dakota Grants Portal

State of South Dakota ARPA and CRF Grant and Funding Programs

Username

Password

Log in

Forgot your password?

Applicants go to this website to login:
https://sdcovidhelp.force.com/Grants/s/login/

Home   Applications

COVID-19 in South Dakota

Assistance for Healthcare & Small Business

Click Here to navigate to the
reporting for your award or request a waiver for
your use of funds.

The application period is now closed. If you are a returning user you can check the status of your existing application(s) by selecting Applications across the top navigation bar and then selecting your application number.

On the home page, applicants will click the orange button to access their application

Begin Waiver Request or Reporting

Reporting

- Select the **Conduct Reporting** button to enter financial information on expenditures from the one-time supplemental payment.

OPTIONAL: Request Waiver

- Select the **Request Waiver** button to request changes to the mandated allocation of funding provided.

One-Time Funding for HCBS Providers (10% FMAP) Application

Application Number	Application Status	Application Created Date
SA-15538	Payment Processed	4/28/2022, 7:15 PM

1. Business Information
2. Eligibility Questions
3. Certifications and Authorizations

Submit

Please click here to report on the use of the one-time supplemental payment. Providers must complete reporting on funds usage by June 30, 2023.

Conduct Reporting

OPTIONAL – If you would like to request a waiver to adjust the mandated allocation of funding (Direct Care Workforce 80% / Equipment and Supplies 20%), please click here to begin the process. Please submit requests for waivers by April 30, 2023.

Request Waiver

3

Reporting Process

Award Summary Description

These fields display the approved award amount and the required breakout of expenditures

Total Funds Awarded:	$ 100,000	
Direct Workforce Awarded:	$ 80,000	80%
Equipment & Supplies Awarded:	$ 20,000	20%

These fields will appear only if a waiver has been requested and approved

Total Proposed Waiver Funds:	$ 100,000	
Waiver Direct Workforce:	$ 50,000	50%
Waiver Equipment & Supplies:	$ 50,000	50%

Step 1: Conduct Reporting – Cost Categories

- Reporting is broken out into two tables: **Direct Care Workforce** and **Equipment and Supplies**. In the tables provided, expenditures should be reported against the appropriate cost categories.

- Enter figures in the **Funds Expended** fields

- Providers may record expenses in **all** cost categories but must record expenses **in at least one** cost category under Direct Care Workforce and **in at least one** sub-category under Equipment and Supplies.

- If you do not have a complete list of your expenditures, you can save your work with the **Save** button and return to finish your entries later.

- NOTE: Be sure to click the **Save** button after providing your entries in these tables.

Percentages are calculated based off the "Totals" amount at the bottom of the table

Please note that the rule on "Direct Care Workforce | One-Time Compensation Adjustments" sub-category has not changed and will not be waivered.

Rule: No more than 55% of the total funds (payment) will be used for one-time compensation adjustments

DIRECT CARE WORKFORCE

COST CATEGORY	FUNDS EXPENDED	% OF AMOUNT EXPENDED
Sick Leave	$0.00	0%
Recruitment Activities (Non-Compensation Adjustment)	$1,000.00	12.5%
Retainment Activities (Non-Compensation Adjustment)	$0.00	0%
One-Time Compensation Adjustment	$2,000.00	25%
Family Leave	$0.00	0%
TOTALS:	$8,000.00	

Save

6

Step 1 (Continued): Conduct Reporting – Cost Categories

EQUIPMENT AND SUPPLIES

COST CATEGORY	FUNDS EXPENDED	% OF AMOUNT EXPENDED
Testing Supplies	$0.00	%
Other	$0.00	%
Infection Control	$0.00	%
Telehealth Equipment	$0.00	%
COVID-19 Related Equipment	$0.00	%
Assistive Technology	$0.00	%
TOTALS:	$0.00	

Save

Percentages are calculated based off the "Totals" amount at the bottom of the table

Waiver Request and Approval Process

Waiver Process

Request Waiver
- Complete the Waiver request process and submit proposed changes through the South Dakota portal

Receive and Sign Waiver Attestation
- Provider will be sent an Attestation form via email
- Waiver process will not begin until form is e-signed and submitted

Await Waiver Approval
- Provider will be sent correspondence if revisions must be made to the proposed waiver, if necessary.
- Once approved, the provider will be notified via email of the waiver approval.

Step 1: Waiver – Begin Waiver Request

One-Time Funding for HCBS Providers (10% FMAP) Application

Application Number	Application Status	Application Created Date
SA-15538	Payment Processed	4/28/2022, 7:15 PM

1. Business Information
2. Eligibility Questions
3. Certifications and Authorizations
Submit

Please click here to report on the use of the one-time supplemental payment. Providers must complete reporting on funds usage by June 30, 2023.

Conduct Reporting

OPTIONAL – If you would like to request a waiver to adjust the mandated allocation of funding (Direct Care Workforce 80% / Equipment and Supplies 20%), please click here to begin the process. Please submit requests for waivers by April 30, 2023.

Request Waiver

OPTIONAL: Request Waiver

• Select the **Request Waiver** button to request changes to the mandated allocation of funding provided.

Step 2: Waiver – Revise Proposed Use of Funds

In the pop-up box that appears after selecting the **Request Waiver** button on the application page, enter the proposed revision to the funding expenditure categories required in the original application.

Amount of funding that was awarded from your application. Your entries in the text boxes must total this number

Amount of funding that you project to use on Direct Care Workforce related costs

Amount of funding that you project to use on Equipment and Supplies

Waiver Request

Total Funds Awarded: $ 120,000

Proposed Use of Funds

Direct Care Workforce

* Enter Proposed $ Here

Complete this field.

Equipment and Supplies

* Enter Proposed $ Here

Continue

Step 3: Waiver – Justification and To Date Use of Funds

Next, the waiver request requires the applicant to provide a justification for their waiver, amounts of funding they have spent to date, and a certification that their entries are correct. Upon submission, the waiver will be submitted to the State for review and approval.

Explain reason(s) for waiver request

Amount of money expended **to date** of funding by category. If nothing has been spent, enter **0**

Certification of entered waiver information

Waiver Request

Total Funds Awarded	$ 120,000	
Proposed Use of Funds	$ Amount	%
Direct Care Workforce	$60,000	50%
Equipment and Supplies	$60,000	50%

Justification for Exception

In 2000 characters or less, please justify your request for a waiver to adjust the mandated allocation of funding (Direct Care Workforce 80% / Equipment and Supplies 20%)

*

Complete this field.

To Date Use of Supplemental Funds

Today's Date	April 27, 2022
Direct Care Workforce	* $ Spent To Date
Equipment and Supplies	* $ Spent To Date

☐
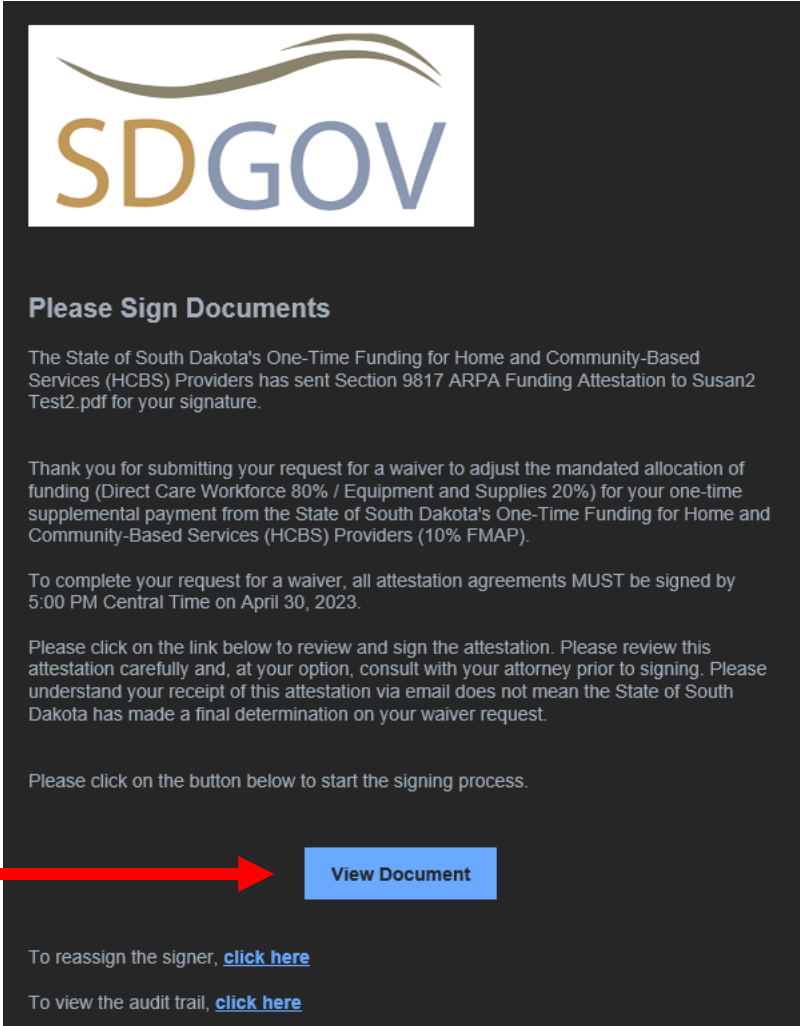
I certify that the information I have submitted above is true and accurate

Submit

Step 4: Waiver – Attestation Agreement E-Signature

In the email account associated with your application, you will receive and email requesting signature of your new Section 9817 ARPA Funding Attestation Agreement.

Select this button to navigate to the signature agreement

Step 5: Waiver – Attestation Agreement E-Signature

In the generated Attestation Agreement page, follow the below steps to complete your e-signature.

1
- Select the 'I Agree' button to consent to the Electronic Record and Signature Disclosure

2
- Select the blue 'Signature' button to enter your name and initials for your e-signature

3
- Select the 'Complete Signing' button at the top of the page to submit the signature

Step 6: Waiver – Review and Approval

- The State will contact the Provider if revisions to the proposed waiver are necessary.

- Once approved, the provider will be notified via email of the waiver approval.

Additional Information & Resources

Resources Available

Resources available:

1. Email: DSS.GRANTS@state.sd.us

2. Program communications: https://dhs.sd.gov/budgetandfinance.aspx
   - FAQ: https://dhs.sd.gov/docs/HCBS%20FAQ.pdf